Washington State Board of Pharmacy
PO Box 47863
Olympia WA 98504-7863
(360) 236-4842

# Intern Self-Evaluation

***NOTE: This form does not need to be sent to the Pharmacy Board Office.***

| | | |
|---|---|---|
| INTERN NAME | | YEAR IN SCHOOL ☐ 1 ☐ 2 ☐ 3 ☐ 4 |
| SCHOOL STREET ADDRESS | | TELEPHONE ( ) |
| CITY | STATE | ZIP |
| SUMMER STREET ADDRESS | | TELEPHONE ( ) |
| CITY | STATE | ZIP |
| EMERGENCY CONTACT | | TELEPHONE ( ) |

**I. Internship Experience**

| Preceptor | Location | Dates | Total Hours |
|---|---|---|---|
| | | | |
| | | | |
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**II. Background**

PREFERRED PRACTICE SETTING UPON GRADUATION

PROFESSIONAL ORGANIZATION MEMBERSHIP

OFFICES HELD

SKILLS AND EXPERIENCES HOPED TO BE GAINED FROM THIS INTERNSHIP

| **III. Evaluation of Experience** *(Check the appropriate box; other experience may be added)* | | | | |
|---|---|---|---|---|
| Area of Study | None | Minimal | Moderate | Extensive |
| 1. Dispensing | | | | |
| 2. Compounding | | | | |
| 3. OTC medication counseling | | | | |
| 4. OTC medication prescribing | | | | |
| 5. Patient interviewing | | | | |
| 6. Patient counseling | | | | |
| 7. Physician contact (personal) | | | | |
| 8. Physician contact (telephone) | | | | |
| 9. Use/preparation of patient profiles | | | | |
| 10. Review of patient medical charts | | | | |
| 11. Provision of drug information | | | | |
| 12. Medical/surgical devices | | | | |
| 13. Ordering and receipt of stock | | | | |
| 14. Controlled substance control | | | | |
| 15. IV admixture | | | | |
| 16. Pharmacy computer system | | | | |
| 17. Patient assessment | | | | |
| 18. Patient drug therapy monitoring | | | | |
| 19. Personnel management | | | | |
| 20. Pharmacy and medical terminology | | | | |
| 21. Triaging problems | | | | |
| 22. Pharmacy/patient record documentation | | | | |
| 23. | | | | |
| 24. | | | | |
| 25. | | | | |
| 26. | | | | |
| 27. | | | | |
| 28. | | | | |